

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L15718

Entity Name: R.L. WIGGINS CONSTRUCTION, INC.

FILED
Apr 18, 2005
Secretary of State

Current Principal Place of Business:

31055 SW 197 AVE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

31055 SW 197 AVE
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 65-0152725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIGGINS, R.L.
31055 SW 197 AVE
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WIGGINS, R.L.,
Address: 31055 SW 197 AVE
City-St-Zip: HOMESTEAD, FL

Title: VSD () Delete
Name: WIGGINS, SUSAN M.,
Address: 31055 SW 197 AVE
City-St-Zip: HOMESTEAD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WIGGINS, R.L.,
Address: 31055 SW 197 AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: VSD (X) Change () Addition
Name: WIGGINS, SUSAN M.,
Address: 31055 SW 197 AVE
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R.L. WIGGINS

PD

04/18/2005

Electronic Signature of Signing Officer or Director

Date